


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 469899 1. Entity Name PACKING HOUSE BY-PRODUCTS CO.	
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Principal Place of Business 10400 CR 48 HOWEY-IN-THE-HILLS, FL 34737	Mailing Address 10400 CR 48 HOWEY-IN-THE-HILLS, FL 34737
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03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

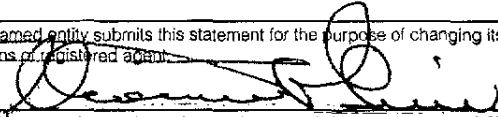
4. FEI Number 36-2085479	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LINE, THOMAS PALM AVE HOWEY-IN-THE-HILLS, FL 32737

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE:  DATE: 4-13-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

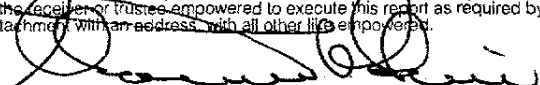
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEUCHER, NICK JR. HWYS 48 & 19 HOWEY-IN-THE-HILLS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEUCHER, MARGARET HWYS 48 & 19 HOWEY-IN-THE-HILLS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEUCHER, ROBERT 1104 TANGERINE AVENUE HOWEY-IN-THE-HILLS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LINE, THOMAS 1130 PENINSULA DRIVE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000512300
 04/29/06-80084-013 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:  DATE: 4-13-06 DAYTIME PHONE: 352-324-2080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR